

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

PLACE OF DEATH
County Jackson
Township Law
Village _____
or _____
City Jones City Mo. (NO. 212 N. Bartlett St.: _____ Ward)

Registration District No. 399 File No. 19295
Primary Registration District No. 1002 Registered No. 1697

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Paul Richardson

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>M</u>	COLOR OR RACE <u>Colored</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>Nov 7, 1913</u> (Month) (Day) (Year)		
AGE <u>6</u> yrs. <u>6</u> mos. <u>22</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>None</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Missouri</u>		
PARENTS	NAME OF FATHER <u>Frank Richardson</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Missouri</u>	
	MAIDEN NAME OF MOTHER <u>Ella McFelly</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Texas</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 28th, 1914, to May 29th, 1914, that I last saw him alive on May 29th, 1914, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:
Enterocolitis
1193
104

(Duration) _____ yrs. _____ mos. 4 ds.

Contributory _____
(SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Carl A. Peige M. D.
June 1st 1914 (Address) Jones City, Mo. 705 Washburn St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted
If not at place of death?
Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ella Richardson
(ADDRESS) 212 N. Bartlett

Filed JUN -1 1914 1914 W. S. Wheeler
REGISTRAR

PLACE OF BURIAL OR REMOVAL Highland
UNDERTAKER Watkins Bros
DATE OF BURIAL June 1, 1914
ADDRESS 1729 Lydia

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

